

FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,295)

<i>Complete if Known</i>	
Application Number	10/073463
Filing Date	02/11/2002
First Named Inventor	Rzhetsky et al.
Examiner Name	DeJong
Art Unit	1631
Attorney Docket No.	070050.1942

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number Baker Botts L.L.P.					ADDITIONAL FEES <input type="checkbox"/> Surcharge - late oath or filing fee <input type="checkbox"/> Non-English Specification <input type="checkbox"/> Extension for reply within first month <input type="checkbox"/> Extension for reply within second month <input checked="" type="checkbox"/> Extension for reply within third month \$525 <input type="checkbox"/> Extension for reply within fourth month <input type="checkbox"/> Extension for reply within fifth month <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Filing a brief in support of an appeal <input type="checkbox"/> Petition to revive - unavoidable <input checked="" type="checkbox"/> Petition to revive - unintentional \$770 <input type="checkbox"/> Utility Issue Fee <input type="checkbox"/> Design Issue Fee <input type="checkbox"/> Publication Fee <input type="checkbox"/> Petitions to the Commissioner <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Information Disclosure Statement (IDS)	
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						
FEE CALCULATION						
Extra Claim Fees						
	Extra Claims	Fee	Fee Paid			
Total Claims		x 25	= \$0			
Independent Claims		x 105	= \$0			
Multiple Dependent			= \$0			
	SUBTOTAL		\$0			
Fee Description Large Entity Small Entity						
Claims in excess of 20	50	25				
Independent claims in excess of 3	210	105				
Multiple dependent claim, if not paid	370	185				
Other fee -					SUBTOTAL (\$ 1,295)	

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Kimberley A. Gavin	Registration No. (Attorney/Agent)	51,723	Telephone 212-408-2500
Signature			Date	06/13/2008

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/073463	
	Filing Date	02/11/2002	
	First Named Inventor	Rzhetsky et al.	
	Art Unit	1631	
	Examiner Name	DeJong	
Total Number of Pages in This Submission		Attorney Docket Number	070050.1942

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Kimberley A. Gavin		
Date	06/13/2008	Reg. No.	51,723

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name			Date

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